



Team Care Referral Form

Team Care is the Montana Healthcare Programs' lock-in program for members who have a history of using Montana Healthcare Program services at an amount or frequency that is not medically necessary. By restricting member access to a single pharmacy and provider, we hope to improve care coordination and prevent inappropriate medication use, drug interactions, and therapy duplications. If you would like to refer a member whom you believe is appropriate for Team Care, please provide the following information.

Provider Name	NPI	Phone	Fax

Member Name	Member ID	Member Date of Birth

Member Phone: _____

Member Address: _____

Reason for Referral:

Referring provider Signature: _____

Date: _____

Mail the form to:
Passport to Health
P.O. Box 254
Helena, MT 59624-9910

You may also fax the form to: (406) 442-2328

If you have questions, please call Provider Relations at (800)624-3958 open Monday through Friday 8a.m. to 5p.m.